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PATENT  
Attorney Reference Number 6047-61247

28251

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Casey Prindiville et al.

Application No. 09/971,872

Filed: October 4, 2001

For: SEMICONDUCTOR PACKAGES AND  
METHODS FOR MAKING THE SAME

Examiner: Ishwarbhai B. Patel

Art Unit: 2827

Attorney Reference No. 6047-61247

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney  
for Applicant(s)

Date Mailed September 29, 2003

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TRANSMITTAL LETTER

Enclosed for filing in the application referenced above are the following:

- Information Disclosure Statement
  - Form 1449 and references cited thereon
- The Director is hereby authorized to charge any additional fees that may be required, or credit over-payment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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By

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TRANSMITTAL - Page 1 of 1



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INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. § 1.97(b)(4)

Sir:

Listed on the accompanying form PTO-1449 and enclosed herewith are two English-language documents. Applicant respectfully requests that these documents be listed as references cited on the issued patent.

The filing of this Information Disclosure Statement should not be construed to be an admission that the information cited in this Statement is, or is considered to be, prior art with respect to the present application.

Applicant filed this Information Disclosure Statement (“IDS”) before the mailing of a first Office action after the filing of a Request for Continued Examination. As a result, no fee should be required to file this IDS. However, if the Patent Office determines that a fee is required for Applicant to file this Information Disclosure Statement, please charge any such fees,

or credit overpayment, to Deposit Account No. 02-4550. A **duplicate** copy of this Information Disclosure Statement is enclosed.

Respectfully submitted,

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EXAMINER SIGNATURE:	DATE CONSIDERED:
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\* Examiner: Initial if reference considered, whether or not in conformance with MPEP 609. Draw line through cite if not in conformance and not considered. Include copy of this form with next communication to applicant.